

AMENDED MONTANA INDIVIDUAL INCOME TAX RETURN 19____
Fiscal Year Beginning 19____ and Ending 19____

FORM 2X

Rev. 8-96

If Fiduciary Return Check Box ☐

Attach copy of Original Return

LAST NAME	Your First Name & Middle Initial	Your Social Security No.
Spouse's Last Name if different	Spouse's First Name & Initial	Spouse's Social Security No.
Address	City	State Zip Code +4

Notice: See
back for special
Instructions
for tax year 1994

PLEASE EXPLAIN THE CHANGES ON THE BACK OF THIS FORM

Filing Status
Check One

1 Single

☐

2 Married filing
joint return

☐

3 Married and both filing
separate returns on
this form

☐

4 Married and both filing
separate returns
on separate forms

☐

5 Married filing
separate return
and spouse is not filing

☐

6 Head of
Household

☐

This Form Must be Filled out Completely

AS FILED

NET CHANGE

AS AMENDED

INCOME AND DEDUCTIONS

	COLUMN A for yourself, joint separate or single	COLUMN B (spouse)	COLUMN A Increase or Decrease	COLUMN B Increase or Decrease	COLUMN A for yourself, joint separate or single	COLUMN B (spouse)	
1. Federal Adjusted Gross Income	1.						1.
2. Additions to income	2.						2.
3. Reduction of income	3.	() ()			() ()		3.
4. Montana adjusted gross income (1+2-3) ...	4.						4.
5. Deductions—(itemized or standard)	5.						5.
6. Subtract line 5 from 4	6.						6.
7. Enter exemption deduction	7.						7.
8. Taxable income (subtract line 7 from line 6)	8.						8.

TAX LIABILITY

9. Tax liability from tax table	9.						9.
10. Surtax *See back	10.						10.
11. Tax on lump sum distribution	11.						11.
12. Subtotal, add lines 9, 10 and 11	12.						12.
13. Allowable credits	13.						13.
14. Subtotal, subtract line 13 from line 12	14.						14.
15. Investment credit recapture from Form RIC	15.						15.
16. Old Fund Liability Tax	16.						16.
17. Total tax, add lines 14, 15 and 16	17.						17.
18. Public Campaign Fund (only applicable for years prior to 1993)	18.						18.
19. Contributions to other Programs (list)	19.						19.
20. Total of lines 17, 18 and 19	20.						20.
21. Combine amounts on line 20 Columns A & B	21.						21.
22. Montana tax withheld	22.						22.
23. Payments and credits on Estimated Tax	23.						23.
24. Elderly Homeowner or Renter Credit from Form 2EC24	24.						24.
25. Total of lines 22 thru 24	25.						25.
26. Combine amounts on line 25, Column A & B	26.						26.
27. Amount paid with original return, plus additional tax paid after it was filed	27.						27.
28. Total of line 27 plus line 26 as amended	28.						28.

REFUND OR BALANCE DUE

29. Total refund(s) received for year amending	29.						29.
30. Subtract line 29 from line 28 and enter result	30.						30.
31. REFUND to be received. If line 30 is more than line 21, enter the difference	31.	REFUND					31.
32. Amount of line 31 to be credited to 19____ estimated tax	32.						32.
33. TAX DUE. If line 30 is less than line 21, enter difference. Please pay in full	33.	TAX DUE					33.
34. Interest computed on amount shown on line 33	34.						34.
35. BALANCE DUE, add line 33 and 34. Please pay in full	35.	BALANCE DUE					35.

Post dated checks will be returned

Make checks payable to the Department of Revenue

For TAX DUE Mail to:
Income Tax Division
Montana Department of Revenue
PO Box 6308
Helena, MT 59604-6308

For REFUND Mail to:
Income Tax Division
Montana Department of Revenue
PO Box 6577
Helena, MT 59604-6577

Name, Address, and Telephone Number of Preparer

I, the undersigned, declare under the penalties of false swearing, that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is a true, correct, and complete return made in good faith.

Your Signature

Date

(Daytime) Telephone Number

Signature of Spouse

Date

Note: If your original 1994 return was timely filed, the Department may make an adjustment to recalculate the Excess Tax Refund.